

**INVOLUNTARY
PETITION**

Northern District of Illinois

ALL OTHER NAMES used by debtor in the last 8 years
(Include married, maiden, and trade names.)

Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all.):

MAILING ADDRESS OF DEBTOR (If different from street address)

COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS

ZIP CODE

ZIP CODE

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☒ Chapter 7 ☐ Chapter 11**INFORMATION REGARDING DEBTOR (Check applicable boxes)**

Petitioners believe:

☐ Debts are primarily consumer debts
☒ Debts are primarily business debts

☐ Individual (Includes Joint Debtor)
☒ Corporation (Includes LLC and LLP)
☐ Partnership
☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

☐ Health Care Business
☐ Single Asset Real Estate as defined in
 11 U.S.C. § 101(51)(B)
☐ Railroad
☐ Stockbroker
☐ Commodity Broker
☐ Clearing Bank
☒ Other

VENUE

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

FILING FEE (Check one box)

☒ Full Filing Fee attached

☐ Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. *[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]*

PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER
OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)

Name of Debtor

Case Number

Date _____

Relationship

District

Judge

ALLEGATIONS
(Check applicable boxes)

1. ☒ Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b).

2. ☒ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.

3.a. ☒ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;

or

b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

COURT USE ONLY

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div> x Signature of Petitioner or Representative (State title) <u>Stagehands Local 2 Retirement Fund</u> Name of Petitioner _____ Date Signed _____ </div> <div> N. Name & Mailing Address of Individual 20 W. Wacker Dr., Ste. 1032 Chicago, IL 60606 Signing in Representative Capacity Thomas Cleary Trustee </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> x Signature of Attorney <u>Thomas J. Angell</u> Name of Attorney Firm (If any) <u>Jacobs, Burns, Orlove, Stanton & Hernandez</u> Address 122 S. Michigan Ave., Suite 1720, Chicago, IL 60603 Telephone No. 312-327-3437 </div> <div> Date 12/19/2006 </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> x Signature of Petitioner or Representative (State title) <u>Stagehands Local 2 Annuity Fund</u> Name of Petitioner _____ Date Signed _____ </div> <div> N. Name & Mailing Address of Individual 20 W. Wacker Dr., Ste. 1032 Chicago, IL 60606 Signing in Representative Capacity Thomas Cleary Trustee </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> x Signature of Attorney <u>Thomas J. Angell</u> Name of Attorney Firm (If any) <u>Jacobs, Burns, Orlove, Stanton & Hernandez</u> Address 122 S. Michigan Ave., Suite 1720, Chicago, IL 60603 Telephone No. 312-327-3437 </div> <div> Date 12/19/2006 </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> x Signature of Petitioner or Representative (State title) <u>Stagehands Local 2 Health and Welfare Fund</u> Name of Petitioner _____ Date Signed _____ </div> <div> N. Name & Mailing Address of Individual 20 W. Wacker Dr., Ste. 1032 Chicago, IL 60606 Signing in Representative Capacity Thomas Cleary Trustee </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> x Signature of Attorney <u>Thomas J. Angell</u> Name of Attorney Firm (If any) <u>Jacobs, Burns, Orlove, Stanton & Hernandez</u> Address 122 S. Michigan Ave., Suite 1720, Chicago, IL 60603 Telephone No. 312-327-3437 </div> <div> Date 12/19/2006 </div> </div>	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Stagehands Local 2 Retirement Fund</u>	Nature of Claim <u>Employee Benefit Plan</u>	Amount of Claim \$30,658 +
Name and Address of Petitioner <u>Stagehands Local 2 Annuity Fund</u>	Nature of Claim <u>Employee Benefit Plan</u>	Amount of Claim \$30,658 +
Name and Address of Petitioner <u>Stagehands Local 2 Health and Welfare Fund</u>	Nature of Claim <u>Employee Benefit Plan</u>	Amount of Claim \$34,490 +
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$95,806

continuation sheets attached